



Royal Kona Resort

The Essence of Kailua-Kona

RESERVATION REQUEST

Plum Hall Group
October 20 - 31, 2003

NAME: _____
ADDRESS: _____
TELEPHONE NO: _____ FAX: _____
ARRIVAL DATE: _____ DEPARTURE DATE: _____
AIRLINE & FLIGHT #: _____ TIME OF KONA ARRIVAL: _____
SHARING ROOM WITH: _____

	<u>Room only</u>
Run of House	_____ \$95.00
Additional Person Charge	_____ \$15.00

Above rates are subject to 7.25% Hawaii room tax and 4.17% Hawaii excise tax, for a total of 11.42%. Rates are based on single or double occupancy. Maximum of 4 persons to a room.

I prefer a (SMOKING) or (NON-SMOKING) room (circle one).

FAMILY PLAN: No extra charge for children 17 years and under, when they share the same accommodations as their parent(s).

This reservation request must be accompanied by a one (1) night's deposit and received no later than **September 20, 2003**. After that point, all reservation requests will be subject to space availability. Cancellations received fifteen (15) days prior to arrival will be assessed a "late cancellation" charge of one (1) night's room rate plus 11.42% tax. Reservation request for early arrivals or late departure will be accepted at the above room rates based on availability only.

MAKE CHECK OR MONEY ORDER PAYABLE TO: ROYAL KONA RESORT

CHARGE TO: American Express Visa Mastercard Diners Discover

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER'S NAME _____ SIGNATURE _____

Please return completed form with deposit to:

ROYAL KONA RESORT
Attn: Marites Bravo-Bala
75-5852 Alii Drive, Kailua-Kona, HI 96740
Phone: 808-329-3111/800-919-8333
FAX: 808-329-9532
Email: maritesb@royalkona.com